

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Massengale	George	S.	808-946-6851x204
MAILING ADDRESS (Street)			FAX
1500 S. Beretania Street, Suite 309			808-946-6197
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Coalition for a Tobacco-Free Hawaii, Inc.			808-946-6851
MAILING ADDRESS (Street)			FAX
1500 S. Beretania Street, Suite 309			808-946-6197
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Coalition for a Tobacco-Free Hawaii, Inc.	808-946-6851	
MAILING ADDRESS (Street)	FAX	
1500 S. Beretania Street, Suite 309	808-946-6197	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Deborah Zysman		808-946-6851x204
MAILING ADDRESS (Street)		FAX
1500 S. Beretania Street, Suite 309		808-946-6197
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

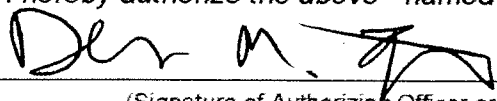
Jan 16, 2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Deborah Zysman		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) Coalition for a Tobacco-Free Hawaii, Inc.		TELEPHONE 808-946-6851	
MAILING ADDRESS (Street) 1500 S. Beretania Street, Suite 309		FAX 808-946-6197	
(City) Honolulu	(State) Hawaii	(Zip Code) 96826	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/16/07

(Date)